



Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	70' Feet		
Setback from the South Lot Line	30' Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line Lake	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line Forested	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0465		Permit Date: 12-29-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	NA	<input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NA				
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	NA				
Inspection Record:		Zoning District (R-1)				
Metzall requirements. No well or septic.		Lakes Classification (3)				
Date of Inspection: 12-23-14	Inspected by: M. Tuttle	Date of Re-inspection:				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)						
No ground disturbing activity or removal of vegetation from the OHWA						
of Pills Lake in land for 75 feet except as permitted by Sec. 13-1-23(a).						
Signature of Inspector: Michael Tuttle		Date of Approval: 12-29-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

box below  
(1) Show  
(2) Show  
(3) Show

North ↑

Pike  
lake

15' wide Driveway  
↓

Trail  
4' wide

Turn  
Around

75'

Allison Lane

5.52 Acres

Woods

Hill

Lot 3

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)  
DEC 18 2014

Bayfield Co. Zoning Dept.

ENTERED

Permit #:	14046
Date:	12-29-14
Amount Paid:	\$100.00
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER											
Owner's Name:		Jolie S. Mellum			Mailing Address:		5700 York Ave S Edina, MN 55410		Telephone: 952 303-6218		
Address of Property:		XXX Allison Lane			City/State/Zip:		Iron River, WI 54847		Cell Phone:		
Contractor:		Denny Gless			Contractor Phone:		715 746-2272		Plumber:		
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Lorin Wicklund			Agent Phone:		372-5880		Agent Mailing Address (include City/State/Zip):		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)		Pages: 189			
1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.	
Section 31, Township 47 N, Range 8 W		Town of: Iron River		Block(s) No.		Subdivision: Allison's Acres		Lot Size		Average 7.5	
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—Continue →				Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—Continue →				Distance Structure is from Shoreline: feet					

Value at Time of Completion include donated time & material \$2,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____		
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None									

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( )	X )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( )	X )	
	<input type="checkbox"/> with Loft	( )	X )	
	<input type="checkbox"/> with a Porch	( )	X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( )	X )	
	<input type="checkbox"/> with a Deck	( )	X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( )	X )	
	<input type="checkbox"/> with Attached Garage	( )	X )	
	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( )	X )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( )	X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Addition/Alteration (specify)	( )	X )	
	<input type="checkbox"/> Accessory Building (specify)	( )	X )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( )	X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain)	( )	X )	
	<input type="checkbox"/> Conditional Use: (explain)	( )	X )	
	<input checked="" type="checkbox"/> Other: (explain) <u>walkway to lake</u>	( )	4 x 7.5	300
Rec'd for Issuance	<input type="checkbox"/>			
DEC 29 2014	<input type="checkbox"/>			
Secretarial Staff	<input checked="" type="checkbox"/>			

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: 12/17/14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: 12/17/14  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: PO Box 155, Iron River, WI 54847  
Copy of Tax Statement Attach ✓  
If you recently purchased the property send your Recorded Deed

Box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
North (N) on Plot Plan  
(2) Show / Indicate: (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show Location of (\*): All Existing Structures on your Property  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show: (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%  
(7) Show any (\*):

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	10 Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other, previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

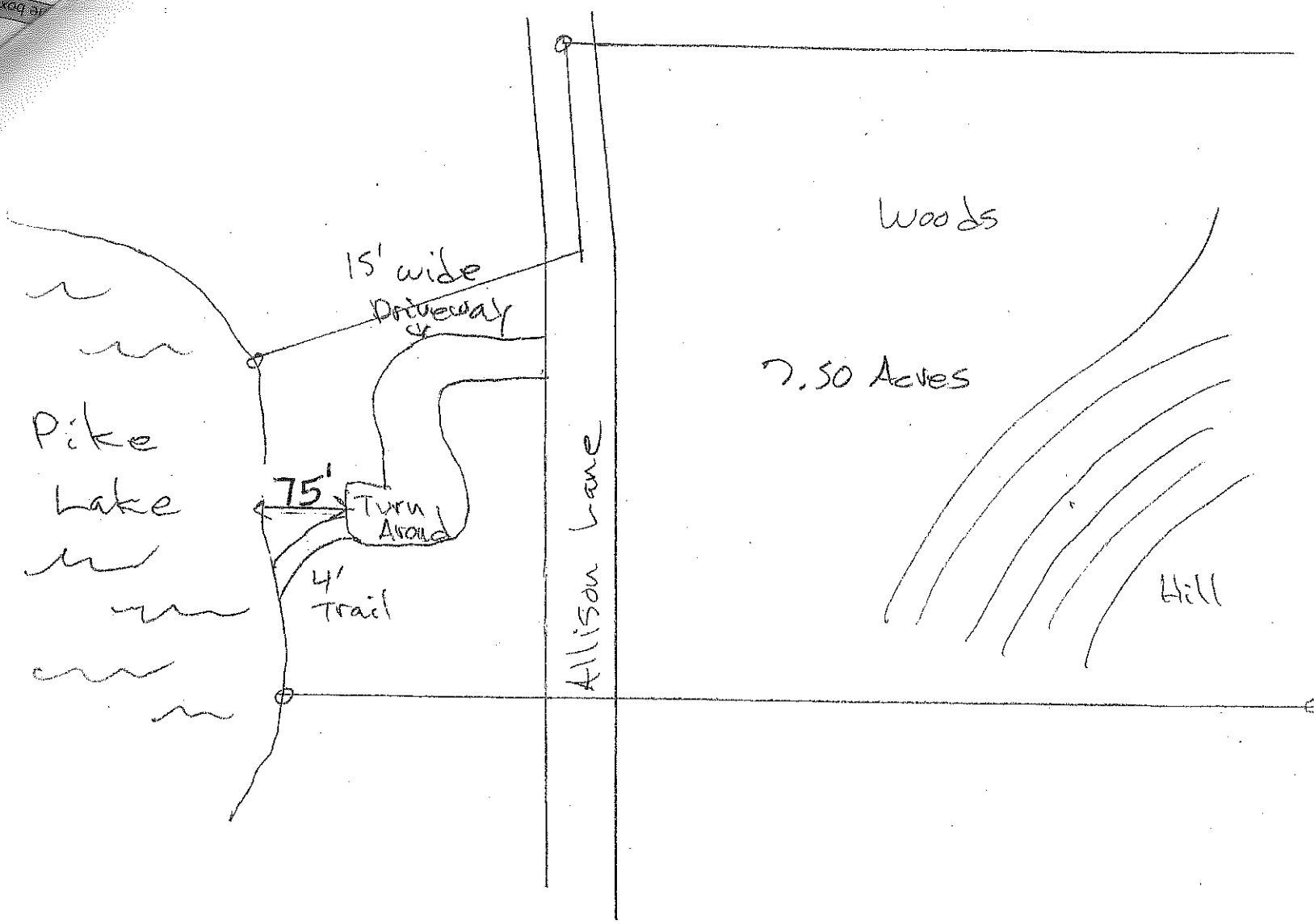
(9) Stake or Mark Proposed Location(s) of New Construction: Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0466	Permit Date: 12-29-14			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Meets all requirements. No well on septic.		Zoning District (R-1) Lakes Classification (3)		
Date of Inspection: 12-23-14		Inspected by: M. Fintel		
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
No ground disturbing activity or removal of vegetation from the area of this lake inland for 75 feet except as permitted by Sec 13-1-23 (a)				
Signature of Inspector: Michael Fintel		Date of Approval: 12-29-14		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>



Lot 5



SUBMITT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
DEC 18 2014  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 14-0467  
Date: 12-29-14  
Amount Paid: \$100 12-29-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER									
Owner's Name:		Julie S. Mellum		Mailing Address:		5700 York Ave S Edina, MN		City/State/Zip:		55410-2641		Telephone:		952 303-6218									
Address of Property:		XXX Allison Lane		City/State/Zip:		Iron River, WI 54847		Contractor Phone:		746-2272		Plumber:		Plumber Phone:									
Contractor:		Denny Glass		715		746-2272		Agent Phone:		372-5880		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Authorized Agent: (person Signing Application on behalf of Owner(s))		Lorin Wicklund		PIN: (25 digits)		04-034-2-47-08-21-400-327-11802		Recorded Document (i.e. Property Ownership) Volume		11802		Page(s)											
PROJECT LOCATION		Legal Description: (Use Tax Statement)		1/4, 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Subdivision:		Lot Size		Acreage	
Section 21, Township 47 N, Range 8 W		Town of: Iron River		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet		Distance Structure is from Shoreline: feet													
<input type="checkbox"/> Non-Shoreland																							

Value at Time of Completion * include donated time & material \$21,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water	New Construction		<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City								
							Addition/Alteration		<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input type="checkbox"/> Well							
							Conversion		<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____									
							Relocate (existing bldg)		<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (pit) or Vaulted (min 200 gallon)										
							Run a Business on Property		<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)										
									<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet										
									<input checked="" type="checkbox"/> None												

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X )	
		with Loft	( X )	
		with a Porch	( X )	
		with (2 <sup>nd</sup> ) Porch	( X )	
		with a Deck	( X )	
		with (2 <sup>nd</sup> ) Deck	( X )	
		with Attached Garage	( X )	
		Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
		Mobile Home (manufactured date)	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	Addition/Alteration (specify)	( X )	
	<input type="checkbox"/>	Accessory Building (specify)	( X )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	( X )	
	<input type="checkbox"/>			
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Special Use: (explain)	( X )	
	<input type="checkbox"/>	Conditional Use: (explain)	( X )	
	<input checked="" type="checkbox"/>	Other: (explain) walkway to lake	( 4 X 75 )	300
Rec'd for Issuance	<input type="checkbox"/>			
DEC 29 2014	<input type="checkbox"/>			
Secretarial Staff	<input checked="" type="checkbox"/>			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date: 12/17/14  
(if there are Multiple Owners listed on the Deed All Owners must sign a letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date: 12/17/14  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: PO Box 155, Iron River, WI 54847  
Attach Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed

or below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
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See attachment

Please complete (1) – (7) above (prior to continuing)

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Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	NA Feet	Setback from the Lake (Ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	Not Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	30 Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

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For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: <u>14-04107</u>		Permit Date: <u>10-29-14</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel In Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #:		Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:		Inspected by: <u>M. Fustala</u>		Zoning District <u>(R-1)</u>			
Date of Inspection: <u>10-23-14</u>		Inspected by: <u>M. Fustala</u>		Date of Re-Inspection: <u>3</u>			
Condition(s) Town, Community, and Conditions Attached? <u>Yes</u>		No (If No they need to be attached)					
<u>No ground disturbing activity or removal of vegetation from the driveway of this lake inland for 75' at weepers permitted by Sec. 13-1-23(Ca2).</u>							
Signature of Inspector: <u>Michael Fustala</u>		Date: <u>10-29-14</u>					
Hold For Review: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>				



North ↑

lot 1  
4.48 Acres

15' wide  
Driveway

Allison Lane

15' wide  
Driveway

Lot 2  
4.73 Acres  
Hill

Turn  
Around

4' Trail  
to Lk

Sleep  
Grade

lake  
Millicent

Lot 1

+

Lot 2

4' Trail  
to Lk  
Turn  
Around

75'

OHWM